## SHARING INFORMATION WITH MEDICAID / AHCCCS / KIDSCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid, the Arizona Health Care Cost Containment System (AHCCCS), or KidsCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and AHCCCS that your children are eligible for free or reduced price meals, *unless you tell us not to***. Medicaid and AHCCCS only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you are interested in having your information with Medicaid or AHCCCS, check the 'YES' box below.

❑ **Yes! I DO** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the Arizona Health Care Cost Containment System.



If you do not want us to share your information with Medicaid or AHCCCS, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

❑ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the Arizona Health Care Cost Containment System.



**If you checked no, fill out the form below:**

Child's Name: _____School:_____

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Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name:_____ Address:_____

For more information, you may call **[name]** at **[phone]**.
**Return this form to: [address] by [date]**